

FORM B10 (Official Form 10)(4/98)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

Name of Debtor
Richard Steven Gordon
Barbara Lynn Gordon

Case Number
01-00288

2001 JUN -7 AM 11:05

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Electricia Bureau

Name and Address where notices should be sent:

Electricia Bureau
277 N. 6th
Boise, ID 83720

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

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Telephone Number:

Account or other number by which creditor identifies debtor:
264040

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated _____

1. Basis for Claim

- ☒ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: _____
- Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred:

9/94

3. If court judgment, date obtained:

PRN IN+

4. Total Amount of Claim at Time Case Filed:

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

294,82 PRN IN+ 174.58 409.40

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(u)(4).
- ☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(u)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

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8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

6/6/01

Sign and print the name and title of any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Jorge A. Martinez

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

13

CREDIT DATA IDAHO, INC.
P.O. BOX 4068
BOISE ID 83711-4068

208.322.3000 EXT. 3111
208.467.7443 EXT. 3111
TOLL FREE 800.723.3223 EXT. 3111
FAX 208.322.3013

DR SCHRAM
2720 OVERLAND
BOISE ID 83705

APR 20 2001
BKD
336

~~REQUEST FOR ASSIGNMENT AND ITEMIZED STATEMENT~~

A CHAPTER THIRTEEN (13) BANKRUPTCY HAS BEEN FILED BY THE DEBTOR. We are required by law to provide an itemized statement to file the proof of claim in this action. This itemized statement is essential for us to file the correct papers, so you are properly represented.

We also would like to take this opportunity to have you sign the assignment attached below. This document is required if we are to represent you in this proceeding.

Please sign the assignment and return this original with an itemized statement. We appreciate your prompt attention to this matter.

Bankruptcy Desk
Clerical Department

Debtor Name: RICHARD & BARBARA GORDON

Our Acct # : 264040

Your Acct #:

List Date : 06/13/95

Serv. Date : 09/08/94

BALANCE : 294.82

Debtor Address:

RT 1 BOX 3806

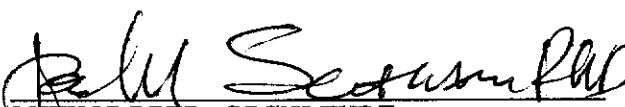
HOMEDALE, ID 83628

ASSIGNMENT

For value received, and for the purpose of collection, DR SCHRAM hereby assigns and transfers to CREDIT DATA IDAHO, INC. all of our rights, title, and interest in and to OUR/MY claim against RICHARD GORDON in the sum of \$294.82, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 4-25-01

DR SCHRAM


AUTHORIZED SIGNATURE

*****Please Rush, Deadline to file a proof of claim is 061001, Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.*****

RICHARD G GORDON
Account# 2148

ACCOUNT LEDGER

Page# 1
12/15/98

DATE	PATIENT NAME	DESCRIPTION OF SERVICE	CHARGE	PAYMENT	ADJUSTMENT	SUBTOTAL
		BALANCE FORWARD	0.00			0.00
07-21-94	BARBARA	PR	47.00			47.00
08-04-94	BARBARA	EX-XR-PR	108.00			155.00
08-04-94	REANNON	EX-XR-PR	108.00			263.00
08-19-94	REANNON	SR	112.00			375.00
08-22-94	REANNON	SR	56.00			431.00
09-02-94	REANNON	MISSED APPOINTMENT	0.00			431.00
09-08-94	REANNON	SR	179.00			610.00
09-14-94	REANNON	INSURANCE PAYMENT		163.00		447.00
09-14-94	BARBARA	INSURANCE PAYMENT		41.80		405.20
10-13-94	BARBARA	MISSED APPOINTMENT	0.00			405.20
10-24-94	REANNON	INSURANCE PAYMENT		130.50		274.70
01-03-95	ACCOUNT	LATE CHARGE	3.30			278.00
02-01-95	ACCOUNT	LATE CHARGE	3.30			281.30
03-01-95	ACCOUNT	LATE CHARGE	3.30			284.60
04-03-95	ACCOUNT	LATE CHARGE	3.38			287.98
05-01-95	ACCOUNT	LATE CHARGE	3.42			291.40
06-01-95	ACCOUNT	LATE CHARGE	3.42			294.82

0 to 30 Days: 0.00 Over 30 Days: 0.00
Over 60 Days: 0.00 Over 90 Days: 294.82

Total Balance: 294.82
AMOUNT DUE NOW: 294.82

EX-EXAMINATION	XR-X-RAY	PX-PANOREX	PR-PROPHYLAXIS	FL-FLOURIDE TREATMNT
PT-PERIODONTAL TRTMNT	SL-SEALANTS	XT-EXTRACTION	SR-SILVER RESTORATION	CF-COMPOSITE FILLING
CR-CROWNS - BRIDGES	PC-PULP CAP	SS-STAINLESS CROWNS	EN-ENDODONTICS	
AP-APPLIANCES	PD-PARTIALS- DENTURES	MS-MISCELLANEOUS	NT-NITROUS	